

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER'S FOURTH VIOLATION
(ONE-YEAR PERIOD OF INELIGIBILITY)
FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

Your Provider, _____, has received a fourth violation for
PROVIDER NAME

the service month of _____ by doing one or more of the following:
MONTH

- ☐ Working more than 40 hours in a workweek for you without you getting approval from the county when your maximum weekly hours are 40 hours or less.
- ☐ Working more than your maximum weekly hours without you getting approval from the county which caused him/her to work more overtime hours in the month than he/she normally would.
- ☐ Working more than 66 hours in a workweek when he/she works for more than one recipient.
- ☐ Claiming more than seven (7) hours of travel time in a workweek.

As a result, your provider will be ineligible to be paid by the IHSS program for providing authorized IHSS services to you or any other IHSS recipients for one year.

You must find a new provider within twenty (20) calendar days of the date of this notice. During this twenty-day period your current provider will still be able to continue to provide you services. If you need assistance finding a new provider, please contact your IHSS office at the number listed above.